

**ARIZONA STATE BOARD OF HEALTH**  
BUREAU OF VITAL STATISTICS  
STANDARD CERTIFICATE OF BIRTH

State File No. \_\_\_\_\_  
Registered No. 57

**1. PLACE OF BIRTH**

County Gila State Ariz.  
District or Township \_\_\_\_\_ or Village \_\_\_\_\_  
City Globe No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_  
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

**2. Full name of child** John Hart Phillips

{ If child is not yet named, make supplemental report, as directed.

3. Sex of Child <u>Male</u>	To be answered ONLY in event of plural births.	4. Twin, triplet or other.	6. Legitimate? <u>Yes</u>	7. Date of birth <u>3-20-1930</u> Month Day Year
		5. No., in order of birth		

**8. FATHER**  
Full name Key Tidwell Phillips.

**14. MOTHER**  
Full maiden name Elizabeth Mary Echols

**9. Residence**  
(Usual place of abode) Globe, Ariz.  
If non-resident, give place and state.

**15. Residence**  
(Usual place of abode) Globe, Ariz.  
If non-resident, give place and state.

**10. Color or race**  
White

**16. Color or race**  
white

**12. Birthplace (city or place)** Silver City, N. Mex.  
(State or country)

**18. Birthplace (city or place)** Wheeling, W. Virginia  
(State or country)

**13. Occupation**  
Nature of industry Miner

**19. Occupation**  
Nature of industry Housewife

20. Number of children of this mother. <u>5</u> (Taken as of time of birth of child herein certified and including this child.)	(a) Born alive and now living <u>5</u> (b) Born alive but now dead <u>0</u> (c) Stillborn <u>0</u>	21. Were precautions taken against oph- thalmia neonatorum? <u>Yes</u>
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**CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\***

I hereby certify that I attended the birth of this child, who was born alive at 4: P. m. on the date above stated.  
(born alive or stillborn.)

\* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Signature T. C. Harper  
Physician  
(Physician or Midwife).

Given name added from a supplemental report \_\_\_\_\_  
Month, day, year \_\_\_\_\_  
Address Globe, Arizona

Filed 4/8, 1930 B. E. Wightman  
Registrar

Registrar

172-320-552

order of birth stated.